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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Adam J. Canni et al.

Group Art Unit: 3612

Examiner: Gregory A. Blankenship

Serial No.: 10/758,563

Filed: January 15, 2004

For: OVERHEAD CONSOLE FOR A VEHICLE

Attorney Docket No.: LEAR 0660 R

AMENDMENT UNDER 37 C.F.R. § 1.111Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Office Action mailed March 21, 2005, please amend the above-identified application as follows:

06/22/2005 SFELEKE1 00000070 023978 10758563

01 FC:1201	600.00 DA
02 FC:1202	50.00 DA

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this paper, including all enclosures referred to herein, is being transmitted via facsimile to 1-703-872,9306, Examiner Gregory A. Blankenship, Group Art Unit 3612, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on:

June 21, 2005
Date of DepositJohn E. Nemazi
Name of Person Signing
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TO: UNITED STATES PATENT AND TRADEMARK OFFICE

GROUP ART UNIT: 3612

NAME: Gregory A. Blankenship

FAX NO.: (703) 872-9306

SERIAL NO.: 10/758,563

OUR FILE NO.: LEAR 0660 R

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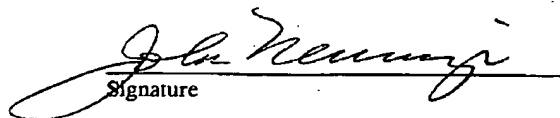
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John E. Nemazi
Typed or Printed Name of Attorney/Agent

Case Docket No. LEAR 0660 R**AMENDMENT TRANSMITTAL**

In re application of: Adam J. Canni et al.	Serial No.: 10/758,563
	Filed: January 15, 2004
Title: OVERHEAD CONSOLE FOR A VEHICLE	

To: Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

___ Applicant has previously claimed small entity status.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		Other Than Small Entity	
	Claims Remaining After		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	* 67	minus	** 66	= 1	x 25 =	\$	x 50 =	\$ 50.00
Indep.	* 10	minus	*** 7	= 3	x 100 =	\$	x 200 =	\$600.00
First Presentation Of Multiple Dependent Claim					x 180 =	\$	x 360 =	\$
Size Fee - for each add'l 50 sheets that exceeds 100 sheets					x 125 =	\$	x 250 =	\$
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. ** If "Highest No. Previously Paid For" is less than 20, write "20" in this space. *** If "Highest No. Previously Paid For" is less than 3, write "3" in this space.					Total Addit. Fee	\$	Or Total	\$650.00

___ A Petition fee under 37 C.F.R. § 1.17(a) has been calculated in the amount of \$___ to cover a ___-month extension of time under 37 C.F.R. § 1.136(a).

Payment of fee(s) calculated above:

___ No additional fee is required.

___ A check in the amount of \$___ to cover the additional filing fee and/or Petition fee is enclosed.

X Please charge my Deposit Account No. 02-3978 in the amount of \$ 650.00.

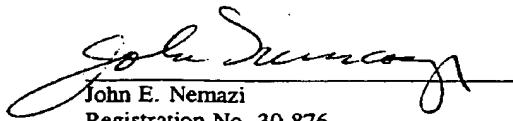
X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-3978.

X Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

Adam J. Canni et al.


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